

carriers for which it acts as a registration State. The records must, at a minimum, include copies of annual and supplemental registration applications containing the information required by §367.4(c). A registration State must retain all such records for a minimum of 3 years.

[58 FR 28933, May 18, 1993. Redesignated at 61 FR 54707, Oct. 21, 1996, as amended at 62 FR 15420, Apr. 1, 1997]

§367.7 Violations unlawful; criminal penalties and civil sanctions.

Any violation of the provisions of these standards is unlawful. Nothing in these standards shall be construed to prevent a State from imposing criminal penalties or civil sanctions upon any person or organization violating any provision of them.

APPENDIX A TO SUBPART A OF PART 367—UNIFORM APPLICATION FOR SINGLE STATE REGISTRATION FOR MOTOR CARRIERS REGISTERED WITH THE SECRETARY OF TRANSPORTATION

Motor Carrier Identification Numbers:

FMCSA MC No.(s.) _____

US DOT No. _____

Applicant (Identical to name on FMCSA order):

Name: _____

D/B/A _____

Principal Place of Business Address:¹

Street _____

City _____

State _____

Zip _____

Mailing Address if Different From Business Address Above:

Street _____

City _____

State _____

Zip _____

Type of Registration:

☐ *New Carrier Registration*—The motor carrier has not previously registered.

☐ *Annual Registration*—The motor carrier is renewing its annual registration.

☐ *Supplemental Registration*—The motor carrier is adding additional vehicles or States of travel after its annual registration.

¹ A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains or can make available its operational records.

☐ *New Registration State Selection*—The motor carrier has changed its principal place of business or its prior registration State has left the registration program. The prior registration State was _____.

☐ *Additional States not registered* in prior years. List _____

Type of Motor Carrier: (Check one)

☐ Individual ☐ Partnership ☐ Corporation

If corporation, give State in which incorporated: _____

List names of partners or officers:

Name: _____

Title: _____

Name: _____

Title: _____

Name: _____

Title: _____

Type of FMCSA Registered Authority:

Permanent Certificate or Permit ☐ Temporary Authority (TA) ☐ Emergency Temporary Authority (ETA) ☐

FMCSA Certificate(s) or Permit(s):

☐ FMCSA Authority Order(s) attached for initial registration.

☐ FMCSA Authority Order(s) attached for additional grants received.

☐ No change from prior year registration.

Proof of Public Liability Security:

☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security submitted to and accepted by the FMCSA under 49 CFR part 387, subpart C.

☐ The applicant has filed, or caused to be filed, a copy of its proof of public liability security submitted to and accepted by the FMCSA under 49 CFR part 387, subpart C, and the security remains in effect.

FMCSA Approved Self-Insurance or Other Securities:

☐ FMCSA Insurance order attached for new carrier registration. (Check one when completing for annual registration.)

☐ The FMCSA Order approving the self-insurance plan or other security is still in full force and effect, and the carrier is in full compliance with all conditions imposed by the FMCSA Order.

☐ The motor carrier is no longer approved under a self-insurance plan or other security, and the motor carrier will file, or cause to be filed, a copy of proof of public liability security with this application in the registration State.

Hazardous Materials: (Check one)